



**Department of Housing and Neighborhood Programs**  
500 West Markham, Room 120W  
Little Rock, AR 72201  
Telephone (501) 371-6825  
Fax (501) 399-3461

**Little Rock Land Bank  
Land Transfer Application**

To request a Little Rock Land Bank-owned property **AS IS**, with or without a structure, that will be used for residential purposes, complete this form and return to:

**Little Rock Land Bank**  
500 West Markham, Ste. 120W  
Little Rock, Arkansas 72201

Please review our **Priorities and Policies, Property Inventory List, Federal Funding Guidelines, and the Land Transfer Application Checklist** at [www.littlerocklandbank.org](http://www.littlerocklandbank.org) before submitting the application.

**Prior to submitting an application, it is recommended that the applicant:**

***1) Consult with a licensed contractor for construction and improvement information and costs;***

***AND***

***2) Consult with a bank, mortgage company, or credit union for financing options and loan approval.***

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***Application will not be processed if not complete in its entirety***

**Contact Information**

Name of applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Fax # (optional): \_\_\_\_\_ Email Address: \_\_\_\_\_

Household Size: \_\_\_\_\_ Household Annual Income: \_\_\_\_\_

***Applicants will be required to submit documentation evidencing total household income***

**Property Request Information**

Property address and Parcel No. \_\_\_\_\_

Purchase Offer: \_\_\_\_\_

**Employment Information**

Employer: \_\_\_\_\_

Duration of Employment: \_\_\_\_\_

Are you a Residential Property Developer/Contractor?: \_\_\_\_\_

**Redevelopment Plan and Financing**

Proposed Use of the Property and detailed description of planned construction and improvements on the property: *(Attach separate sheet if necessary)*

**NOTE:** Applicants developing property as a primary residence or for a similar residential purpose must complete a Homebuyer Counseling Course. For verification purposes, please attach a copy of your **Homebuyer Counseling Certificate** to this application.

Timeline for Construction and Improvements: \_\_\_\_\_

Total projected cost of the Construction/Improvement: \_\_\_\_\_

Construction/Improvement Financing Options and Lender Approval :  
*(Attach separate sheet if necessary)*

**To the best of my knowledge the information provided in this application is true and accurate. I understand that the Land Bank staff will review this request and confirm that it is in compliance with the Land Bank's Priorities and Policies and all applicable federal, state, and local laws.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please Return This Form To:  
**Little Rock Land Bank**  
500 West Markham , Ste 120 West  
Little Rock, AR 72201